PETI	TION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)		
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			020093-004010US	
Application Number 10/538,228			Filed June 6, 2005	
For ADMINISTRATION OF DENDRITIC CELLS PARTIALLY MATURED IN VITRO FOR THE TREATMENT OF TUMORS				
Art Unit 1642			Examiner Minh Tam B, Davis	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		Fee	Small Entity Fee	
	One mon th (37 CFR 1.17(a)(1))	\$120	\$60	\$
	T we months (37 CFR 1.17(a)(2))	\$460	\$230	\$
	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 525
	Four m onths (37 CFR 1.17(a)(4))	\$1640	\$ 820	\$
	Five mo nths (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
\boxtimes	Applicant claims small entity status. See 37 CFR 1.27.			
	A check in the amount of the fee is enclosed.			
	Payment by credit card. Form PTO-2038 is attached.			
\square	The Director has already been authorized to charge fees in this application to a Deposit Account.			
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20:1430 have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
i am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/S8/96).				
S attorney or agent of record. Registration Number 32,928				
aftorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
April 18, 2008				
Signature Date				
i _e	Brian W. Poor, Reg. No. 32,928 Typed or printed name		(206)467-9600 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than				
,,,,,,,	nature is required, see below. Fotal of	mittésk		